



CITY OF KINGMAN – PHYSICAL/WORK CAPACITY

Date Created/Revised

November 2015

CLASSIFICATION: Water Technician B

Frequency Code Scale

N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
Never Occurs	Less than 1 hour/week	Up to 1/3 of the time	From 1/3 to 2/3 of the time	2/3 or more of the time

Physical Demand	Frequency Code	Description Examples:	Physical Demand	Frequency Code	Description Examples:
Standing	F	Making Presentations Observing work site Observing/Conducting work duties Communicating with co-workers	Pushing / Pulling	O	File Drawers Equipment Tables and Chairs Hoses Handling Patients/Suspects
Fine Dexterity	F	Computer Keyboard Telephone Keypad Calculator Calibrating Equipment	Climbing	F	Stairs Ladders Step Stools Onto Equipment On/Out of Terrain On/Out of Hole/Ditches/Work Site
Walking	C	To other departments/offices Around work site	Vision	C	Reading Computer Screen Driving Observing Work Site
Lifting	F	Supplies Equipment Files Patients	Foot Controls	F	Driving Operating Heavy Equipment Operating Dictaphone
Carrying	F	Supplies Equipment Files	Balancing	O	On Ladders On Equipment On Step Stools
Sitting	F	Desk Work Meetings Driving	Bending	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients
Reaching	F	For Supplies For Files	Crouching	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients
Handling	F	Paperwork Monies	Hearing	C	Communicating Via Telephone/ Radio, to co-workers/public Listening to Equipment Response to Call – Sirens Response to Call/Training – Guns
Kneeling	F	Filing in Lower Drawers/Shelves Retrieving Items From Lower Shelves/Ground Making Repairs Assisting Patients	Twisting	F	From Computer to Telephone/ Radio Getting Inside/Outside of Vehicle Handling Patients/Suspects
Crawling	F	Under Equipment Inside Attics/Pipes/Ditches	Talking	C	Communicating via telephone/ radio, to co-workers/public Communicating in person to co-workers/public
Other (describe):			Other (describe):		

Machines, Tools, Equipment and Work Aids:

Motor vehicle, hydro machine, CCTV, vacuum truck, vac trailer, generators, compressors, pumps, gauges, common hand and power tools, shovels, wrenches, detection devices, computerized portable flow meter, controlling pumps, valves and other equipment, adjusting meters and gauges and controlling chemical dosing, mobile communications equipment, radio, and a variety of lab equipment as needed.

Computer Equipment and Software:					
Personal Computers/Laptop, keyboards, mouse, word processing, spreadsheet, outlook, SCADA, WonderWare, Job-Cal.					
Environmental Factors:					
Environmental Conditions	Never	Seasonally	Several Times Per Month	Several Times Per Week	Daily
<u>Extreme Temperature</u> (heat, cold, extreme temp, changes from outside work)		X			
<u>Wetness and/or Humidity</u> (bodily discomfort from moisture)				X	
<u>Respiratory Hazards</u> (fumes, gases, chemicals, dust and dirt)				X	
<u>Noise and vibration</u> (sufficient to cause hearing loss)				X	
<u>Physical Hazards</u> (high voltage, dangerous machinery, aggressive suspects, arrestees, patients – <u>not</u> customers)				X	
Health and Safety Conditions:					
Health and Safety Conditions	N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
<input type="checkbox"/> Per Shift ___ hrs per day; <input checked="" type="checkbox"/> Per One Work Week	Never Occurs	Less than 1 hour per week	1/3 or more of the time	From 1/3 to 2/3 of the time	2/3 or more of the time
Mechanical Hazards				X	
Chemical Hazards				X	
Electrical Hazards				X	
Fire Hazards			X		
Explosives		X			
Communicable Diseases			X		
Physical Danger or Abuse		X			
Other: Specify – Confined spaces, lock-out tag-out, fall protection, ladders			X		
Primary Work Location:					
<input type="checkbox"/> Office Environment		<input type="checkbox"/> Warehouse			
<input type="checkbox"/> Shop		<input type="checkbox"/> Vehicle			
<input type="checkbox"/> Outdoors		<input type="checkbox"/> Recreation Centers/Neighborhood Centers			
<input checked="" type="checkbox"/> Other: Specify – Water Treatment Plant and Distribution facility					
Protective Equipment Required:					
Safety Footwear (Steel-toed shoes), Gloves, Safety goggles, Masks, Hard hats, Reflective safety vests, Ear plugs.					
Job Demands:					
Overall Strength Demands					
<input type="checkbox"/> Sedentary	Exerting up to 10 pounds occasionally or negligible weights frequently; sitting most of the time				
<input type="checkbox"/> Light	Exerting up to 20 pounds occasionally, 10 pounds frequently, or negligible amounts constantly AND/OR walking or standing to a significant degree				
<input checked="" type="checkbox"/> Medium	Exerting 20 – 50 pounds occasionally, 10 – 25 pounds frequently, or up to 10 pounds constantly				
<input type="checkbox"/> Heavy	Exerting 50 – 100 pounds occasionally, 25 – 50 pounds frequently, or from 10 up to 20 pounds constantly				
<input type="checkbox"/> Very Heavy	Exerting over 100 pounds occasionally, 50 – 100 pounds frequently, or from 20 up to 50 pounds constantly				
Non - Physical Demands					
	Frequently	Occasionally	Rarely	Never	
Time Pressures		X			
Emergency Situations		X			
Frequent Change of Tasks		X			
Irregular Schedule/Overtime		X			

Performing Multiple Tasks Simultaneously		X		
Working Closely with Others as Part of a Team	X			
Tedious or Exacting Work	X			
Noisy/Distracting Environment		X		
Other: Specify -				

Employee Sign-Off: I have read through the physical and have a good understanding of the requirements for my performance in this position and find it to be an accurate description of the physical/working demands of this position. I acknowledge it is incumbent upon me to seek clarification from my supervisor/manager for any questions I may have regarding the requirement/responsibilities/physical-working demands of my position. I also acknowledge that I can fulfill the essential functions of my position. Should I need to seek reasonable accommodation, I acknowledge I will contact my supervisor/manager or Human Resources to pursue options.

Employee Signature:	Date:
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Employee Name Printed:
